



DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
A+ SCHOOLS PROGRAM
REQUEST FOR A+ TUITION REIMBURSEMENT – FINAL PAYMENT

(Refer to the Missouri School Directory)

COLLEGE CODE OR CO/DIST CODE

_____ -- _____

FOR DEPARTMENT USE ONLY

APPROVED BY:

DATE APPROVED

A. PROJECT INFORMATION

COLLEGE /VO-TECH SCHOOL DISTRICT

COLLEGE/ VO-TECH SCHOOL NAME

ADDRESS, CITY, STATE, ZIP CODE:

CONTACT PERSON AND TELEPHONE NUMBER:

FISCAL YEAR JUNE 30 _____

PLEASE CHECK ONE OF THE FOLLOWING AND INSERT THE YEAR IN THE APPROPRIATE BLANK

SEMESTER ☐ Summer (Year) _____ ☐ Fall (Year) _____ ☐ Spring (Year) _____ ☐ Full Year Program

Certification:

I hereby certify that the information reported herein is correct to the best of our knowledge and belief
Date: _____

CHIEF ADMINISTRATOR'S SIGNATURE

B. PROJECT FINANCIAL DATA

Student Name (LN, FN and MN or initial)	SSN (____-____-____)	High School Graduated From	Cr. Hr /Clock Hr	Program/ Study	Tuition	Fees	PELL/ SEOG	Restricted Scholarships	Balance	Comment	Pending	LS Certificate/ Degree	Fin. Aid Funded
Total:					Total:	Total:	Total:	Total:	Total				
Total Number of Students: _____					Grand Total: \$ _____								

"The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581."

MO 500-2303 (7/04)

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